



## Certification of Abandonment-In-Place

Division of Petroleum and Chemical Safety  
1035 Stevenson Drive  
Springfield, Illinois 62703-4259  
(217) 785-1020 or (217) 785-5878  
Fax (217) 524-9284

Facility #: \_\_\_\_\_

Permit #: \_\_\_\_\_

***Certification to be completed by the tank owner or operator. This form and the amended Notification of Underground Storage Tank form must be returned within 30 days of completion of work. Attach additional sheets, if needed.***

**(1) OWNER OF TANKS :**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**(2) FACILITY - name and address where tanks are located:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Tank ID #: \_\_\_\_\_ Capacity: \_\_\_\_\_ Product: \_\_\_\_\_ Date Abandoned: \_\_\_\_\_

Tank ID #: \_\_\_\_\_ Capacity: \_\_\_\_\_ Product: \_\_\_\_\_ Date Abandoned: \_\_\_\_\_

Tank ID #: \_\_\_\_\_ Capacity: \_\_\_\_\_ Product: \_\_\_\_\_ Date Abandoned: \_\_\_\_\_

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Tank ID #: \_\_\_\_\_ Capacity: \_\_\_\_\_ Product: \_\_\_\_\_ Date Abandoned: \_\_\_\_\_

Tank ID #: \_\_\_\_\_ Capacity: \_\_\_\_\_ Product: \_\_\_\_\_ Date Abandoned: \_\_\_\_\_

***Under the penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.***

***By signing this document, I certify that the removal of tanks was conducted in accordance with all applicable rules and regulations of the Office of the State Fire Marshal as required by 415 ILCS 5/57.5 (f).***

Print Owner/Operator Name: \_\_\_\_\_

☐ Owner ☐ Operator

Signature of Owner/Operator: \_\_\_\_\_

Date: \_\_\_\_\_